Director's Letter

QUERI's primary goal remains the integration of quality improvement research with VHA's health care delivery policies and practice. Significant progress toward this end is now possible, as QUERI groups complete their initial quality enhancement demonstration projects and produce programs and tools ready for system-wide application.

Several parallel efforts have been launched to develop and implement mechanisms to achieve effective integration and uptake of successful QUERI programs by VHA health care delivery facilities. QUERI's National Advisory Council (NAC) is expected to play a critical role in overseeing and facilitating the development and use of such mechanisms. The NAC is chaired by Jonathan B. Perlin, MD, PhD, MSHA, FACP, Deputy Under Secretary for Health, and includes many of the Chief Officers within VHA Central Office. Other groups with important contributions to make to this effort include VISN Directors, Clinical and Quality Managers, and Service/Product Line Managers, who all have played central roles in the initial round of QUERI quality enhancement demonstration projects, as well as facility directors and clinical leaders. Central Office leaders from the Office of Quality and Performance and Patient Care Services also play important roles in

CRC QUERI: Working to Improve Survival Rates

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. Strong evidence indicates that best screening and follow-up practices have the potential to prevent and cure this disease, thus saving lives and health care costs. Screening and follow-up can prevent colorectal cancer by finding and removing pre-cancerous polyps. More importantly, these interventions can identify early CRC cancers while they are surgically curable. People whose cancers are detected and treated in Stage I have a 90% five-year survival rate, while the survival rate drops to 5% for those whose cancers are not detected until Stage IV. Further, the economic burden of this disease is reduced by early detection, since Stage II and III colorectal cancers are among the costliest to treat.

VA's Office of Quality and Performance (OQP) reports that only 68% of eligible VA patients nationally receive timely CRC screening; rates within individual VISNs range from 56% to 78%. To assist VA in its efforts to dramatically increase these numbers, CRC QUERI has focused its first-year efforts on identifying opportunities to improve diagnostic evaluation.

VA policy makers and health care managers currently lack needed information about the determinants of CRC screening and follow-up across the VA health care system. Two exciting projects aimed at filling this

gap are already underway. Using available data, researchers from the HSR&D Center for the Study of Healthcare Provider Behavior (Los Angeles) are working with investigators from UCLA to examine factors related to CRC screening rates, while researchers from HSR&D's Center for Chronic Disease Outcomes Research (Minneapolis) design a new prototype CRC assessment and surveillance data system.

CRC Screening

The first team will examine the influence of organizational and patient-level characteristics on CRC screening performance. Important characteristics include:
- Contextual factors (e.g., geography, organizational milieu, and environmental issues such as managed care penetration),
- Primary care practice structure/organization (e.g., continuity, centralization, degree of organization), and
- Patient attributes.
  The team will work to put these

In This Issue

A Critical Crosscutting Issue: Facilitation and Related QUERI and Clinical Roles

A core aspect of the QUERI process, specifically related to translating research into best practice, is facilitation. Facilitation can be defined as a role focused on actively promoting the adoption of best practice recommendations. Additionally, it can be defined as a type of support and encouragement required to help individuals and institutions change targeted attitudes, skills, behaviors, practices, paradigms, or systems. In either case, as a distinct role or a set of activities, facilitation is deliberately employed to make it easier to use research findings.

In a review concerning facilitation and the implementation of evidence-based practice, Harvey, et al.[1] note the following:

- A wide range of facilitator roles is possible, with corresponding skills and attributes needed to fulfill the role effectively.[1]
- More research is needed to understand both different approaches to facilitation and its similarity to/difference from other change interventions, such as the use of opinion leaders or educational outreach.[2]

QUERI is in a prime position to conduct meaningful research on the concept of facilitation, which is readily defined as a distinct translation intervention potentially as important as other interventions, such as electronic clinical reminders or audit-feedback. However, unlike many translation interventions, facilitation may be an inherent part of most implementation projects and related toolkits provided to facilities throughout VHA. It therefore needs to be explicitly identified and tracked.

More specifically, there is a series of questions that need to be answered across multiple QUERI groups. Managers in VHA institutions also need to understand these issues, as they will be involved in implementing best practice findings identified by QUERI coordinating centers.

- What role might *external* facilitators play, or need to play, to most cost-effectively enable the implementation of best practice findings? (External facilitators would be those working from outside of an individual clinical facility, for example, in a QUERI Coordinating Center.) To what extent does their role vary based upon the nature of the best practice recommendation, e.g., for a policy versus an electronic clinical reminder for prescriptive practice versus a complex care delivery system?
- What role might *internal* facilitators play, or need to play, to most cost-effectively enable the implementation of best practice findings? (Internal facilitators would be those that work within an individual clinical facility.) To what extent could expert internal facilitators successfully enable implementation of best practice findings across multiple clinical conditions?
- What types of individuals are needed to provide external facilitation? Is it critical to have expertise available both in the "best practice" topic and the facilitation process?
- What types of individuals are needed to provide internal facilitation? To what extent must these individuals understand the complex nature of the specific evidence that is being translated into practice in order to facilitate understanding and uptake among providers?
- How does the function of a facilitator role relate to, differ from, or overlap with that of opinion leaders or a project coordinator?
- What role might quality improvement (QI) staff have in the routine facilitation of the uptake of research findings? What additional skills, if any, would "QI team facilitators" need to enable the sustained uptake of research findings?

QUERI translation projects, singly and through cross-QUERI collaboration, can provide answers to these questions. If multiple QUERI projects include at least a minimal set of common questions and use common terminology, operational definitions, and methods of measurement, our knowledge base regarding translation will grow. In turn, the shared work of making uptake of best practice a routine activity across research and clinical roles will be better defined.

Cheryl B. Stetler, PhD
QUERI Translation Consultant

1   Harvey G, Loftus-Hills A, Rycroft-Malone J, et al. Getting evidence into practice: The role and function of facilitation. *Journal of Advanced Nursing*, 2002;37(6):577-588.
2   Stetler C, Corrigan B, Sander-Buscemi K, Burns M. Integration of evidence into practice and the change process: A fall prevention program as a model. *Outcomes Management for Nursing Practice* 1999;3(3):102-111.

Communities On-Line Learning About GuidElines (COLLAGE): An Interactive Web Site for VA Employees

QUERI's mission is to translate research evidence into practice within the VHA. As QUERI groups begin national translation efforts, the need for methods to effectively communicate with more than 170 VA facilities becomes clear. Communities On-Line Learning About GuidElines (COLLAGE) is one potential avenue. COLLAGE is an interactive website for VA employees that was developed to enhance VHA's ability to identify, document, disseminate, and implement evidence–based practices.

COLLAGE is designed to facilitate the development and operation of Communities of Practice (COP), groups of employees who share common expertise, goals, and issues, and who are motivated to share information, ideas, and knowledge. Using COLLAGE's virtual workgroup capability, online COP users can discuss issues, as well as create new knowledge and processes to improve the quality of care by enhancing implementation strategies and best practices. COLLAGE's grounding in interactive web-based technology overcomes the geographical, social, and time-zone barriers to communication and participation that are frequently encountered in groups with widely dispersed membership.

Submission Deadline

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates, or other information of interest to our readers by **Monday, February 3, 2003** for publication in our March 2003 issue. Submit to Diane Hanks at diane.hanks@med.va.gov.

Online tools such as member directories, event calendars, list-serv archives, and discussion boards enhance COLLAGE's functional capability. Links to a variety of resources, such as specific clinical practice guidelines and reports of practice patterns, interventions, and implementation toolkits are available to the user through the research database and the online library or "cybrary."

Structurally, the COLLAGE web site is divided into two major components:
- General cover page addressing the informational needs of all VA employees, and
- Customized web pages dedicated to specific Communities of Practice. (These are accessible only to registered COP members.)

COLLAGE offers these resources through collaboration with the National VA Clinical Practice Guideline Council, VHA's Employee Education System, the Office of Patient Care Services, the Office of Quality and Performance, and VA's Health Services Research &

Development Service (HSR&D). Funding for COLLAGE is provided by HSR&D.

Interested in taking a closer look at COLLAGE? It is easily accessible through the intranet at http:// vaww.collage.research.med.va.gov. If you would like to learn more about developing a COP or a COLLAGE web site for an existing VA group, please contact Dr. Daniel Muraida (Daniel.Muraida@med.va.gov), telephone: 210-617-5300 x. 6736, or Dr. Frances Matt (Matt@VERDICT.UTHSCSA.edu), telephone: 210-617-5300 x. 6388. Prior experience with online tools or a Community of Practice is not necessary; COLLAGE offers all of the assistance needed for VA employees to launch and sustain their own online Community of Practice.

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CRC QUERI
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pieces together in a comprehensive model. They are using organizational structure data from numerous VA data sources, including OQP's patient-level EPRP data, the VHA Survey of Primary Care Practices, the National VA Quality Improvement Survey, and other administrative sources. Patient-level predictors will be derived from the National Patient Care Database (Austin, TX). A clearer understanding of factors associated with better screening practices will help direct QUERI efforts at the most promising interventions and relevant facilities.

Assessing Data Systems

The second team is working to design and implement a CRC assessment and surveillance data system. While existing data allow us to answer important questions about CRC screening, other questions remain unanswered. For example, the results of screening procedures are not currently stored in a form that is easily accessed. This makes it difficult to assess patterns and determinants of appropriate follow-up for patients with a positive CRC screening. The immediate objectives of this team's project are to:

- Develop a data system prototype, using a sample of VA facilities,
- Create and validate operational definitions of recommended screening and follow-up practices using VA and Medicare data, and
- Develop an efficient approach for obtaining, linking, and managing the components of this data system on a national scale.

Data from VA outpatient, inpatient, and laboratory databases will be matched and merged with Medicare claims data to provide a truly comprehensive view of CRC screening and follow-up.

Standardization through a single, centralized data system produces many benefits, for example:

- Uniform record matching assures reliable data across studies,
- Consistent coding assures equal validity and comparability of data across studies, and
- Automated linkages will produce the most up-to-date, accurate data, and allow tracking of cross-utilization of VA and other healthcare systems through Medicare records, thus reducing cost and increasing ease of data access.

This data system will help us more readily identify best practice patterns in CRC screening and follow-up. It will also facilitate making strategic choices in promoting best practices throughout VA. We anticipate that the gains in reliability, validity, and cost-effectiveness produced by these projects will greatly improve the quality of CRC healthcare.

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Patricia Parkerton, PhD
Melissa Partin, PhD
Beth Virnig, PhD
Elizabeth M. Yano, PhD

* To learn more about CRC QUERI, visit their website at http://www.hsrd.minneapolis.med.va.gov/CRC/CRCHome.asp

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Fifth QUERI National Meeting

HSR&D will hold its fifth QUERI National Meeting on December 11–13, 2002 in Washington, DC, with a focus on supporting the system-wide implementation of evidence-based interventions. Highlights of the meeting will be published in the next issue of *QUERI Quarterly*.

QUERI Proposal Submission Deadlines

Concept papers for Quality Enhancement Research Initiative Service-Directed Projects (SDP) are due the first business day after January 1, 2003 and July 1, with full proposals due May 1 and November 1, respectively. For more information on proposal submission, please visit the HSR&D web at http://www.hsrd.research.va.gov/for_researchers/funding/solicitations/.

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setting and influencing clinical policies and practices within VHA.

QUERI has reached an important milestone in its development, as it moves from a largely internal focus on research and demonstration projects, to the challenging task of disseminating and supporting system-wide application of its output. Active participation by all QUERI groups and stakeholders will be needed to successfully develop and apply mechanisms for system-wide application. We look forward to the challenges of this phase in the QUERI process, and to the realization of QUERI's fundamental promise and mission.

John G. Demakis, MD
Director, HSR&D